

114TH CONGRESS  
1ST SESSION

# S. 1865

To amend the Public Health Service Act with respect to eating disorders,  
and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JULY 27, 2015

Ms. KLOBUCHAR (for herself, Ms. AYOTTE, Mrs. CAPITO, and Ms. BALDWIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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# A BILL

To amend the Public Health Service Act with respect to  
eating disorders, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

**3 SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Anna Westin Act of  
5 2015”.

**6 SEC. 2. TABLE OF CONTENTS.**

7       The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.
- Sec. 3. Findings.
- Sec. 4. Definition.
- Sec. 5. Training and education.
- Sec. 6. Education and training for health professionals.

Sec. 7. Education and training for school and higher education professionals.  
Sec. 8. Public service announcements.  
Sec. 9. Clarifying application of existing parity law.  
Sec. 10. Prohibition on new appropriations.

1   **SEC. 3. FINDINGS.**

2       The Congress finds the following:

3           (1) Risk of death among individuals with anorexia nervosa is 18 times greater than among individuals of the same age without anorexia. It is estimated that at least one person dies every 62 minutes from an eating disorder: at least 23 persons each day.

9           (2) Health consequences such as osteoporosis (brittle bones), gastrointestinal complications, cardiac, and dental problems are significant health and financial burdens throughout life.

13          (3) At lowest estimate, 14,500,000 people in the United States suffer from eating disorders. One percent of adolescent boys and 2 percent of adolescent girls suffer from eating disorders. Eating disorders account for at least 4 percent of all childhood hospitalizations.

19          (4) Eating disorders are treatable biopsychosocial illnesses. There is a high rate of comorbidity with other illnesses such as depression, substance abuse, or anxiety disorders.

1                         (5) Anorexia nervosa is an eating disorder characterized by self-starvation, weight loss, fear of gaining weight, and disturbances in the way in which one's body weight or shape is experienced.

5                         (6) Anorexia nervosa is associated with serious health consequences including heart failure, kidney failure, osteoporosis, and death. People who suffer anorexia nervosa are 57 times more likely to die of suicide than their peers.

10                         (7) Current estimates of the lifetime prevalence of bulimia nervosa are between 0.9 and 1.5 percent among women and between 0.1 and 0.5 percent among men.

14                         (8) Bulimia nervosa is associated with serious health consequences, including cardiac, gastrointestinal, and dental problems including irregular heartbeats, gastric rupture, peptic ulcer, tooth decay, and death.

19                         (9) Binge eating disorder is characterized by frequent episodes of uncontrolled overeating. Binge eating disorder is common: at lowest estimate, 3.5 percent of women in the United States and 2.0 percent of men in the United States will suffer from this disorder in their lifetimes.

7                   (11) Many suffer from some, but not all, of the  
8                   symptoms of anorexia nervosa, bulimia nervosa, or  
9                   binge eating disorder, which is referred to as other  
10                  specified feeding or eating disorder or “OSFED”.  
11                  Between 4 percent and 20 percent of young women  
12                  practice unhealthy patterns of dieting, purging, and  
13                  binge eating.

(12) Eating disorders are more common in women, but they do occur in men. Rates of binge eating disorder are similar in females and males.

(14) Eating disorders appear across all age groups, races, ethnicities, and socioeconomic groups in the United States and are associated with sub-

1 stantial psychological problems, including depression,  
2 substance abuse, and suicide. For children 12 years  
3 of age and younger, hospitalizations for eating dis-  
4 orders increased by 119 percent between 1999 and  
5 2006.

6 **SEC. 4. DEFINITIONS.**

7 In this Act—

8 (1) the term “eating disorder” includes ano-  
9 rexia nervosa, bulimia nervosa, binge eating dis-  
10 order, and other specified feeding or eating dis-  
11 orders, as defined in the fifth edition of “Diagnostic  
12 and Statistical Manual of Mental Disorders”, pub-  
13 lished by the American Psychiatric Association or, if  
14 applicable, the most recent successor edition; and

15 (2) the term “Secretary” means the Secretary  
16 of Health and Human Services.

17 **SEC. 5. TRAINING AND EDUCATION.**

18 Subject to section 10, the Secretary, acting through  
19 the Director of the Office on Women’s Health of the De-  
20 partment of Health and Human Services and in consulta-  
21 tion with the Secretary of Education, shall—

22 (1) revise and then reinstate the BodyWise  
23 Handbook of the Department of Education and re-  
24 lated fact sheets and resource lists available on the  
25 public Internet Website of the National Women’s

1       Health Information Center sponsored by the Office  
2       on Women's Health, to include—

(B) thorough information about eating disorders relating to males and females;

7                         (2) incorporate, as appropriate, information  
8                         from such BodyWise Handbook and related fact  
9                         sheets and resource lists into the curriculum of the  
10                        BodyWorks obesity prevention program developed by  
11                        the Office on Women's Health, and training modules  
12                        used in such obesity prevention program; and

22 SEC. 6. EDUCATION AND TRAINING FOR HEALTH PROFES-  
23 SIONALS.

24 (a) IN GENERAL.—Subject to section 10, the Sec-  
25 retary, acting through the Administrator of the Substance

1 Abuse and Mental Health Services Administration, shall  
2 award grants to eligible entities to integrate training into  
3 existing curricula for primary care physicians, other li-  
4 censed or certified health and mental health professionals,  
5 and public health professionals that may include—

6                 (1) early intervention and identification of eat-  
7 ing disorders;

8                 (2) levels of treatment (including family-based,  
9 in-patient, residential, partial hospitalization pro-  
10 gramming, and intensive outpatient and outpatient  
11 treatment);

12                 (3) how to properly refer patients to treatment;  
13                 (4) steps to aid in the prevention of the devel-  
14 opment of eating disordered behaviors; and

15                 (5) how to treat individuals with eating dis-  
16 orders.

17                 (b) APPLICATION.—An entity desiring a grant under  
18 this section shall submit to the Secretary an application  
19 at such time, in such manner, and containing such infor-  
20 mation as the Secretary may require, including a plan for  
21 the use of funds that may be awarded and an evaluation  
22 of the training that will be provided.

23                 (c) USE OF FUNDS.—An entity that receives a grant  
24 under this section shall use the funds made available  
25 through such grant to—

- 1                         (1) develop a training program containing evi-  
2                         dence-based findings, promising emerging best prac-  
3                         tices, or recommendations that pertain to the identifi-  
4                         cation of, early intervention in, prevention of the  
5                         development of, and treatment of, eating disorders  
6                         to conduct educational training and conferences,  
7                         which may include Internet-based courses and tele-  
8                         conferences, on—  
9                                 (A) how to help prevent the development of  
10                         eating disordered behaviors, identify, intervene  
11                         early, and appropriately and adequately treat  
12                         eating disordered patients;  
13                                 (B) how to identify individuals with eating  
14                         disorders, and those who are at risk for suf-  
15                         fering from eating disorders and, therefore, at  
16                         risk for related severe medical and mental  
17                         health conditions;  
18                                 (C) how to conduct a comprehensive as-  
19                         essment of individual and familial health risk  
20                         factors; and  
21                                 (D) how to conduct a comprehensive as-  
22                         essment of a treatment plan; and  
23                                 (2) evaluate and report to the Secretary on the  
24                         effectiveness of the training provided by such entity

1       in increasing knowledge and changing attitudes and  
2       behaviors of trainees.

3 **SEC. 7. EDUCATION AND TRAINING FOR SCHOOL AND**  
4 **HIGHER EDUCATION PROFESSIONALS.**

5       (a) GRANTS.—Subject to section 10, the Secretary,  
6       acting through the Administrator of the Substance Abuse  
7       and Mental Health Services Administration, shall award  
8       grants to eligible entities—

9               (1) to conduct educational seminars for school  
10       personnel on early identification of, intervention in,  
11       and prevention of, behaviors that are often associ-  
12       ated with the development of eating disordered be-  
13       haviors; and

14               (2) to make resources available to individuals  
15       affected by eating disorders.

16       (b) EDUCATIONAL SEMINARS.—As a condition on the  
17       receipt of a grant under this subsection, an eligible entity  
18       shall agree to conduct educational seminars under sub-  
19       section (a)(1), taking into consideration educational mate-  
20       rials made available through the BodyWise eating disorder  
21       initiative of the Department of Health and Human Serv-  
22       ices and relevant research on eating disorders.

23       (c) ELIGIBLE ENTITY.—In this section, the term “el-  
24       igible entity” means any State, territory, or possession of  
25       the United States, the District of Columbia, any Indian

1 tribe or tribal organization (as defined in subsections (e)  
2 and (l), respectively, of section 4 of the Indian Self-Deter-  
3 mination and Education Assistance Act (25 U.S.C.  
4 450b)), or a public or private educational institution, in-  
5 cluding an institution of higher education.

6 **SEC. 8. PUBLIC SERVICE ANNOUNCEMENTS.**

7 (a) IN GENERAL.—Subject to section 10, the Direc-  
8 tor of the National Institute of Mental Health shall con-  
9 duct a program of public service announcements to edu-  
10 cate the public on—

11 (1) the types of eating disorders;  
12 (2) the seriousness of eating disorders (includ-  
13 ing prevalence, comorbidities, and physical and men-  
14 tal health consequences);

15 (3) how to identify, intervene, refer for treat-  
16 ment, and prevent behaviors that often lead to the  
17 development of eating disordered behaviors;

18 (4) discrimination and bullying based on body  
19 size;

20 (5) the effects of media on self-esteem and body  
21 image; and

22 (6) the signs and symptoms of eating disorders.

23 (b) COLLABORATION.—The Director of the National  
24 Institute of Mental Health shall conduct the program  
25 under subsection (a) in collaboration with—

1                         (1) centers of excellence; and  
2                         (2) community-based national nonprofit re-  
3                         sources that support individuals affected by eating  
4                         disorders and work to prevent eating disorders and  
5                         address body image and weight issues.

6 **SEC. 9. CLARIFYING APPLICATION OF EXISTING PARITY**

7 **LAW.**

8                         (a) PHSA.—Section 2726 of the Public Health Serv-  
9                         ice Act (42 U.S.C. 300gg–26) is amended—

10                         (1) in subsection (a)(3), by adding at the end  
11                         the following new subparagraph:

12                         “(C) TREATMENT OF PERMANENT EXCLU-  
13                         SIONS UNDER MENTAL HEALTH AND SUB-  
14                         STANCE USE DISORDER BENEFITS.—A group  
15                         health plan or health insurance issuer offering  
16                         group or individual health insurance coverage to  
17                         which subparagraph (A) applies shall be consid-  
18                         ered in violation of subparagraph (A)(ii) if the  
19                         mental health or substance use disorder benefits  
20                         under such plan or coverage provides for a per-  
21                         manent exclusion from such benefits for a par-  
22                         ticular condition or disorder.”; and

23                         (2) by adding at the end the following new sub-  
24                         section:

1       “(f) RESIDENTIAL TREATMENT.—For purposes of  
2 this section, mental health and substance use disorder  
3 benefits include residential treatment.”.

4       (b) ERISA.—Section 712 of the Employee Retirement  
5 Income Security Act of 1974 (29 U.S.C. 1185a) is  
6 amended—

7              (1) in subsection (a)(3), by adding at the end  
8 the following new subparagraph:

9                  “(C) TREATMENT OF PERMANENT EXCLUSIONS  
10                 UNDER MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.—A group  
11                 health plan (or health insurance coverage offered in connection with such a plan) to which  
12                 subparagraph (A) applies shall be considered in violation of subparagraph (A)(ii) if the mental  
13                 health or substance use disorder benefits under such plan (or coverage) provides for a permanent  
14                 exclusion from such benefits for a particular condition or disorder.”; and

15              (2) by adding at the end the following new section:

16                  “(h) RESIDENTIAL TREATMENT.—For purposes of  
17 this section, mental health and substance use disorder  
18 benefits include residential treatment.”.

1       (c) IRC.—Section 9812 of the Internal Revenue Code  
2 of 1986 is amended—

3               (1) in subsection (a)(3), by adding at the end  
4 the following new subparagraph:

5                       “(C) TREATMENT OF PERMANENT EXCLU-  
6 SIONS UNDER MENTAL HEALTH AND SUB-  
7 STANCE USE DISORDER BENEFITS.—A group  
8 health plan to which subparagraph (A) applies  
9 shall be considered in violation of subparagraph  
10 (A)(ii) if the mental health or substance use  
11 disorder benefits under such plan provides for  
12 a permanent exclusion from such benefits for a  
13 particular condition or disorder.”; and

14               (2) by adding at the end the following new sub-  
15 section:

16               “(f) RESIDENTIAL TREATMENT.—For purposes of  
17 this section, mental health and substance use disorder  
18 benefits include residential treatment.”.

19               (d) LIMITATION.—Nothing in this section or the  
20 amendments made by this section shall be construed as  
21 adding or expanding the scope of mental health or addic-  
22 tion services included under section 2726 of the Public  
23 Health Service Act (42 U.S.C. 300gg–26), section 712 of  
24 the Employee Retirement Income Security Act of 1974

1 (29 U.S.C. 1185a), or section 9812 of the Internal Rev-  
2 enue Code of 1986.

3 **SEC. 10. PROHIBITION ON NEW APPROPRIATIONS.**

4 No additional funds are authorized to be appro-  
5 priated to carry out this Act or the amendments made  
6 by this Act. This Act and such amendments shall be car-  
7 ried out using amounts otherwise made available for such  
8 purposes.

